

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

10/15/2019

Document Number:

402208178

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10536 Contact Person: CHRIS SMITH  
Company Name: SMITH ENERGY LLC Phone: (303) 709-6157  
Address: 1540 MAIN ST SUITE 218 #334 Email: smithenergy@live.com  
City: WINDSOR State: CO Zip: 80550  
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes  No

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 317347 Location Type: Well Site  
Name: MAGGARD-62S50W Number: 11NWSW  
County: WASHINGTON  
Qtr Qtr: NWSW Section: 11 Township: 2S Range: 50W Meridian: 6  
Latitude: 39.893897 Longitude: -102.951720

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 481364 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.893108 Longitude: -102.953704 PDOP: Measurement Date: 10/12/2019  
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 317347 Location Type: Well Site  No Location ID  
Name: MAGGARD-62S50W Number: 11NWSW  
County: WASHINGTON  
Qtr Qtr: NWSW Section: 11 Township: 2S Range: 50W Meridian: 6  
Latitude: 39.893897 Longitude: -102.951720

Flowline Start Point Riser

Latitude: 39.893897 Longitude: -102.951720 PDOP: Measurement Date: 06/10/2010  
Equipment at Start Point Riser: Well

**Flowline Description and Testing**

Type of Fluid Transferred: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Max Outer Diameter:(Inches) \_\_\_\_\_  
Bedding Material: \_\_\_\_\_ Date Construction Completed: 12/15/2000  
Maximum Anticipated Operating Pressure (PSI): \_\_\_\_\_ Testing PSI: \_\_\_\_\_  
Test Date: \_\_\_\_\_

**OPERATOR COMMENTS AND SUBMITTAL**

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: \_\_\_\_\_ Date: 10/15/2019 Email: smithenergy@live.com

Print Name: CHRIS SMITH Title: MANAGER

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  **Director of COGCC** Date: 1/7/2022

## Conditions of Approval

**COA Type**

**Description**

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### Attachment Check List

**Att Doc Num**

**Name**

402208178	Form44 Submitted
402920705	OFF-LOCATION FLOWLINE GIS SHP

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Engineer	Based on location drawings, changed end location id to #317347.	01/07/2022
Engineer	Attached GIS File #402541351	01/07/2022

Total: 2 comment(s)